

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 OCT 16 AM 11:22

FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

OHIO AMBULANCE AND MEDICAL TRANSPORTATION  
ASSOCIATION PAC

ADDRESS (number and street)

5613 STOCKTON WAY

Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43016-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00383596

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

☒ October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

07 01 2012

through

09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVIDA VIOLA

Signature of Treasurer

*David Viola*

Date

10 08 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period: From:

To:

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, Y Y Y Y
- (b) Cash on Hand at Beginning of Reporting Period.....
- (c) Total Receipts (from Line 19).....
- (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....
7. Total Disbursements (from Line 31).....
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

10,131.48

9,731.48

0

1,000.00

9,731.48

11,131.48

500.00

1,900.00

9,231.48

9,231.48

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030911253

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period:

From:

07 01 2012

To:

09 30 2012

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

0

1,000.00

1,000.00

0

1,000.00

12030911254

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

12030911255

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1,900.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	1,900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	1,000 <sup>00</sup>
34. Total Contribution Refunds (from Line 28(d)) .....	.	.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	.	.
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	.	.
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.	.
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	.	.

12030911258

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 7

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

,\$ .

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

,\$ .

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

,\$ .

SUBTOTAL of Receipts This Page (optional).....▶

,\$ . 0

TOTAL This Period (last page this line number only).....▶

,\$ . 0

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **7** OF **7**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Ohio Ambulance and Medical Transportation Assn. PAC**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
Citizens for Anne Gonzales		MM / DD / YYYY	
Mailing Address		09 / 07 / 2012	
335 Wildwood Dr.			
City	State	Zip Code	
Westerville	OH	43081	
Purpose of Disbursement		Amount of Each Disbursement this Period	
fundraiser		500.00	
Candidate Name		Category/Type	
Anne Gonzales			
Office Sought:	Disbursement For:		
<input checked="" type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President	contribution		
State: OH	District: 12		

<b>B.</b>		Date of Disbursement	
		MM / DD / YYYY	
Mailing Address			
City		State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:		Disbursement For:	
<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President			
State:	District:		

<b>C.</b>		Date of Disbursement	
		MM / DD / YYYY	
Mailing Address			
City		State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:		Disbursement For:	
<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President			
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

500.00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

☒ Overnight Delivery Service (Specify): *Fed Ex* Shipping Date *10/8/12*  
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
PREPARER

*10/16/12*  
DATE PREPARED